

there average four medical visits a week or, rather, a month. That is more than most Americans do in a year.

The medical personnel there performed 128 surgeries, and no one that has been there, of the 700 guests that have been there, not one has died from any cause. In fact, the medical personnel saved the lives of numerous ones.

They come from all over the world, 24 different countries; 520 of them are there; 2,200 of them have gone back home.

The rooms are very clean. I notice that there are no Gideon Bibles in any of the rooms, but every room has a Koran. You know, American troops do not get U.S.-funded taxpayer Bibles overseas. But all these guests get taxpayer-funded Korans. And of course the staff that is there cannot touch these Korans.

Of course I am talking about Gitmo, the Guantanamo Bay terrorist detention center. These people are prisoners of war and the guards that are there are doing an outstanding job.

Speaking of the Koran, the guards are not permitted to touch the Koran except under rare circumstances. And if they do, they have to wear linen gloves before they can move this Koran to a different cell.

The people that are there are there for two purposes. They are suspected terrorists that are going to be tried for war crimes, like killing people all over the world, many of whom are Americans. The others that are there are being interrogated, those suspected terrorists.

Now I observed those interrogations, Mr. Speaker. There are no abuses. There are no dogs. There is no abuse. The interrogations that took place, neither the interrogator nor the prisoner knew that we were observing. And numerous Members of Congress went this past week and observed these facilities.

One hundred fifty of these individuals have attorneys. Any prisoner that is there that wants an attorney is entitled to have one.

Two hundred of them have been released; in fact, maybe releasing some we should not release, because 12 of the ones that have been released have been either recaptured or killed on the battlefield. One is of particular note. When he was first arrested and captured as a terrorist he had a leg that was infected, so part of it was amputated. And he was fitted with a new prosthesis by American medical personnel. Later released and he was captured, recaptured on the battlefield, and of course he was still wearing that American prosthesis that taxpayers paid for.

These people do not work. You know, even in Texas we work our inmates. Today they are out picking cotton. But they are just there to be observed and to be housed. You know, one of these facilities meets American Corrections Association standards.

And these people, Mr. Speaker, are not nice. They spit on our guards. They

throw urine and feces at our guards. And some of these people want to kill Americans.

The guards, Mr. Speaker, are first class. They are from all branches of the service. They have tremendous cooperation with each other, and they make us proud. The accusations of abuse in a dungeon-like facility do a disservice to these troops and the troops in combat.

I had lunch with two of these guards, George Telles and Enrique Lopez, Jr., both Navy sailors that guard cell blocks. And they do us a great honor and a service there.

These inmates are not protected by the Geneva Convention, although we treat them like they are. The Geneva Convention says that POWs, to be a real prisoner of war, they must be in a uniform, they must not have concealed weapons, they must not kill innocents, and they must have a chain of command. And these terrorists violate all four of these rules, but yet we treat them with greater respect than in the Geneva Convention.

The International Red Cross observes the entire facility and has access to all of the prisoners to talk to them on a one-on-one basis. There have been no deaths in Guantanamo. And you know, in prisoner-of-war camps in the past, Americans have died. Back in the war between the States, thousands of prisoners, Confederate and Union soldiers died. In Vietnam, about 9 percent of the Americans in custody there died. In Korea, about 30 percent. In World War II, we know that about 40 percent of Americans in custody in Japan died, all in prisoner-of-war camps, and not one person has died in these.

□ 1945

Amnesty International calls this place a "gulag." Well, these are words from the uninformed elite. They must want "Club GITMO" or "Disney World of the Caribbean."

Some said to close it down. That is just not appropriate, Mr. Speaker. We probably ought to make it bigger. It would be a crime to close this place down and let these criminals loose on the world. There is a war on terror going on and these people want to kill Americans. They are dangerous. The 20th hijacker of 9/11 is there, and these people need to be tried for war crimes.

Mr. Speaker, I went to Iraq. I have seen what these people have done, these terrorists have done to civilians and to our military. Even one 8-year-old kid was killed while I was there. Mr. Speaker, I am more concerned about Americans being killed by terrorists by beheading and suicide bombers and the welfare of our troops than I am about some terrorist outlaw that is upset because his blueberry muffin gets cold.

SMART SECURITY AND VETERANS FUNDING

The SPEAKER pro tempore (Mr. KUHLMANN of New York). Under a previous

order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, I rise in sadness and in frustration over the news that the Nation finds itself \$1 billion short of the funding that is needed to cover health care for our Nation's veterans this year.

It is bad enough that next year's VA budget will almost surely be inadequate; now we are having trouble paying for this year's needs. Just as the architects of our Iraq policy did not have a plan for winning the peace, it appears that the budget experts in the executive branch did not plan for increased veteran costs associated with the deadly foreign war, a preemptive war that has killed over 1,700 troops and injured more than 13,000, a war that will certainly result in an increased burden on the Veterans Administration.

This shortfall comes on the heels of efforts by the Bush administration to increase veterans prescription drug copayments and to add an enrollment fee to enter the veterans health care system in the first place. There is even talk of classifying veterans in ways that entitle some veterans to benefits and leaves others on the outside looking in.

How is this possible, Mr. Speaker, all the talk of supporting the troops, is this just rhetoric? Is it just bumper sticker boiler plate, or are we really serious about honoring the sacrifices of war and showing our gratitude to those who have risked life and limb on our behalf?

What is even worse is that some people saw this budget problem coming and were ignored or rebuffed. Minority Members in the other Chamber, the Senate, proposed adding money to the VA budget in anticipation of this shortfall, but they were told by the Secretary of Veterans Affairs this spring that no emergency supplemental funds were needed.

Well, guess what? Emergency supplemental funds are needed. And now we either have to get an advance on next year's limited VA appropriations; borrow from other parts of the VA budget; or pass a supplemental bill to fill the gap. One of the key committee Chairs has said that it would be best to avoid a supplemental package. But were they saying that, Mr. Speaker, when we were debating an over-\$200 billion supplemental bill to fund the war effort in the first place? It does not make sense to me.

We have no problem approving billions upon billions of dollars and taking on massive debt to send our brave soldiers to Iraq in the first place. And while they are there, we are denying them of the protective body armor and vehicles that would prevent these severe wounds in the first place, and they are returning home more injured than ever. And when they come home, then we start pinching pennies, pinching pennies on their care. Are these the priorities of a great Nation?

Now, it is tempting to see this VA situation as simply an actuarial miscalculation, but it is indicative of something far more serious that we have been seeing over and over again from this administration, a rob-Peter-to-pay-Paul mentality; a tendency to ignore problems until they become crises; a habit of embracing war without accounting for its costs, human or financial.

Mr. Speaker, this is just one example of the way our Iraq policy has been bungled. Not only do we need to bring our troops out of Iraq as soon as realistically possible, a position that the majority of the American people agree with; we need an overhaul of our approach to national security in general.

I have proposed a new plan called SMART Security. SMART stands for Sensible Multi-lateral American Response to Terrorism For the 21st Century. The guiding principle behind SMART is that war should be the absolute last resort. Prevention of war, not preemptive war, which we know from the Downing Street memo was not the thinking on Iraq.

So SMART includes an ambitious international development agenda, democracy building, human rights education, business loans, agricultural assistance and more for the troubled, underdeveloped nations of the world.

SMART is tough, pragmatic, and patriotic. It protects America by relying on the very best of American values: our commitment to freedom, our compassion for the people of the world, and our capacity for multilateral leadership.

HEALTH CARE FOR RURAL AMERICA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. Mr. Speaker, my arrival in Congress, it really was about what do I do to make certain that folks in Kansas, people across rural America have a quality of life, that they have the opportunity to put food on the family's table, that they have enough money to save for their retirement and for their kids' college education. But even perhaps more important than that, the goal for me as a policymaker has been what can we do to see that the communities that make up my State are around for a while longer.

Rural America faces many challenges; and among those challenges is an often declining economy, and an economy related to agriculture. But one of the things that became clear to me early on in my time in Congress is access to health care matters. If we care about the future of our communities, we need to make certain that our citizens, the people who live there, can access a physician, can have access to a hospital, that the hospital doors remain open, that there is home health care and nursing home care.

So for much of my time in Congress, I have worked on issues related to the availability of health care. I have been an active member and chaired the Rural Health Care Coalition. And I commend my colleagues who are actively engaged in a group of Republican and Democrat Members of this body who work time and time again to see that good things happen in the delivery of health care in rural America. The goal there has to be to make certain that we are reimbursed, that our providers, our hospitals and physicians and nurses and other health care providers, are reimbursed through Medicare in particular in a way that makes it possible for financially those health care providers to continue to provide the service and that we need to continue to make efforts to reduce the paperwork and bureaucratic burden that increase the cost of providing services, especially in communities where senior citizens comprise a significant component of the population.

Many of the hospitals in the First Congressional District of Kansas, 60, 70, 80, and sometimes even 90 percent of the patients admitted to a hospital seen by our physicians are over the age of 65; and, therefore, Medicare is responsible for payment at least in part of the hospital or physician bill.

During my time in Congress despite this continual focus on access to health care, one other thing has become clear to me. There is an overriding issue that should consume us all. I rise tonight to try to bring to my colleagues' attention the necessity of beginning to address the ever-rising cost of health care.

I am in the middle of 69 townhall meetings. I represent 69 counties in Kansas, and every year I conduct a townhall meeting in each of those counties. I remember the townhall meeting in Hoxie, Kansas. During that townhall meeting, the first question was from a teacher who said, Last year my premiums for my health insurance to the school district that I paid out of my pocket were \$450. This year it is \$700. What are you going to do about it?

The next question was from the farm implement dealer who said, We are trying to stay afloat here. It has been a difficult year. Drought on the high plains. You know how difficult the agriculture economy is. We are trying to keep our employees insured. We raised our co-payments. We raised our deductibles and our insurance premiums still went up 49 percent. And there was the question, What are you going to do about it?

The third question came from a lady who said, My brother has cancer. He has been in Texas in an experimental treatment program, and he has now returned home to Kansas and his treatment costs are \$40,000 a year. My mom and dad and other brothers and sisters, we are all trying to figure out how do we as a family come up with \$40,000 a year to take care, to perhaps save my

brother's life. Again, the implied question, What are you going to do about it?

So from that townhall meeting several years ago, it has been a growing desire on my part to move the House of Representatives, the Senate, the policymakers, the administration toward addressing the issue of health care costs. I think there are things we can do. It is more than just decrying the problem.

We clearly need more access to primary care physicians. Too much health care is delivered through the emergency room. I commend the Bush administration for their focus on community clinics. That is an important component of making certain that people who could not otherwise afford health care are not showing up at the emergency room, but could access a primary care physician or a nurse practitioner through our community clinics.

We need to focus more on wellness and prevention. I think perhaps the biggest bang for our buck in reducing health care costs is to encourage and to educate citizens of our country about nutrition, about life-style, about habits, about exercise.

Clearly our information technology system has to be overhauled. We have tremendous technology in the delivery of health care, but not in the way that we keep records and provide for their payment. IT needs to be overhauled for better and easier data retrieval. We clearly need to make certain that our reimbursements for our hospitals under Medicare and Medicaid are adequate to cover the costs, otherwise there is simply a cost-shifting onto those who have insurance.

I have been supportive of health savings accounts and opportunities for small businesses to pool their purchasing power to access health care for their patients.

I heard earlier about prescription drugs. We need to continue to work as a body, as a Congress and as policymakers in our Nation's capital to reduce the ever-escalating costs of health care.

RENEGOTIATE CAFTA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, at a White House news conference earlier this month, President Bush called on Congress to pass CAFTA, the Central American Free Trade Agreement.

Also earlier this month, the most powerful Republican in Congress, the gentleman from Texas (Mr. DELAY), promised a vote by July 4. Actually, it is the third time the gentleman has promised a vote on CAFTA. The first time in 2004 he said there would be a vote on the Central American Free Trade Agreement by the end of the year, December of 2004. Then earlier this year he promised a vote on CAFTA